V. S. No. 1

as

STATE OF MARYLAND-	CERTIFICATE OF DEATH 54	02
1. PLACE OF DEATH	(23)	
County St. Marys	Registration Dist. No. 2 8	7 /
Village or City Pearles	NoSt.,	Ward
	death occurred in a hospital or institution, give its NAME instead of street and no	umber)
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign blrth? yrs. mos	sds.
2. FULL NAME Mary lignes Marnett les	derson	
(a) Residence: No.	St. Ward.	
(Usual place of abode)	If nonresident give city or town and S	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Finale Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oav)	193 do (Year)
5a. If married, widowed, or divorced HUSBANO of		
(or) WIFE of	22. HEREBY CERTIFY, That I attended d	2.4
C DATE OF DIPTH (2011) day of 10 11 1916	74-	, 1935
6. DATE OF BIRTH (month, day, and year)	1 last saw has allve on 14 aug 1936	; death is seid
7. AGE Years Months Oays if LESS than 1 day,	to have occurred on the date stated above, at 11:39 A.m.	
19 6 26 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset
Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Pulmonom Interculosia	9/1/35
9 Industry or business In which work was done, as SILK MILL, private family SAW MILL, BANK, etc	8	///
Oate deceased last worked at this occupation (month and 1936 occupation coupetion occupation)		
12. BIRTHPLACE (city or town) Pears of (State or country)	Other Contributory Causes of Importance:	
13. NAME Description		
I I I I I I I I I I I I I I I I I I I		
13. NAME Janahuns Kenderson 14. BIRTHPLACE (city or town) Jally Lug lug.	Name of operation Oate of	
(State of Country) Mary Pared	What test confirmed diagnosis? Was there an eu	lopsy?
15. MAIOEN NAME Mary E. Face Sest 16. BIRTHPLACE (city or town) Janbourille	23. If death was due to external ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Dete of injury	
17. INFORMANT I granting anderson	Where did injury occur? (Specify city or town, county and State Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLA	CE.
(Address) Pearson mot		
18. BURIAL, CREMATION, OR REMOVAL Place St. Asselsolars Oate 14 aug 7 , 1936	Menner of injury	
19. UNOERTAKER Thomas Harris (Address)	24. Was disease or injury in any way related to occupation of deceased?	60
20. FILEO Mary 6, 1936 PJ Bran MC	(Signed)	M. O.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitiat nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1111 5.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

of infor-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 5403
County A Massell	Registration Dist. No. 282
Village or City Oren Leonardform	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	
2. FULL NAME Infant Barnet	
(a) Residence: No. Love Salvary (Usual place of abode)	O St., Mard. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Day) (T) (Reer)
5. If married, widowad, or divorcal HUSBAND of (or) WIFE of	22. OHEREBY CERTIFY, That I attended deceased from 1936, to May 11-, 1936.
6. DATE OF BIRTH (month, dey, end yeer) Mark /1-36	i last sew h. As alive on Many 11 - 1936; death is said
7. AGE Yaars Months Days I LESS than 1 day,hrs.	to have occurred on the data stated ebove, at 4-9-2.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or businass in which work was done, as SILK MILL.	dentoria allalidaria
SAW MILL, BANK, atc	
9 10. Date daceesed last worked et this occupation (month and year) 11. Total tima (years) spent in this occupetion	Othar Coutributory Causes of importanca:
12. BIRTHPLACE (city or town) Just James Street	1 A
(State or country)	hyptocia
14. BIRTHPLACE (city or town)	
(State of country) of Many lod Mil	Name of operation————————————————————————————————————
16. BIRTHPLACE (city or town)	23. If daath was dua to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
2 (Stete or country) of mary los, And 17. INFORMANT Star Same (Address)	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place A Colonyams Simultone May 12, 1936	Mannar of injury
19. UNDERTAKER In Le Sublingly (Address) Leongraffork Frid	24. Was diseese or injury In any way ralated to occupation of dacaased?
20. FILED 5/12 , 1936 Causelle Registrar.	(Signad) January (Address) January (Address) M. D.

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Example I / VED		Example II	
The principal cause of death and related causes of importance were as follows: N 4 1936	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis 1 REAU V. S.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U.S. if of foreign birth?______wrs.____mos.__ 2. FULL NAME (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) (Month) (Yeer) 5a. If married, widowed, or divorced HUSBAND of HEREBY CERTIFY. Thet i attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, end year) 7. AGE Months Days If LESS then to heve occurred on the date stated ebove. at 1 dey,____hrs. The PRINCIPAL CAUSE OF DEATH and releted ceuses of importence or____min. were es follows: Date of onset 8. Trede, profession, or perticular PATION kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc 9 Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceased lest worked et 11. Totel time (years) spent in this this occupation (month and occupetion Other Contributory Canses of Importance: 12. BIRTHPLACE (city or town) (Stete or country) FATHER 13. NAME N 14, BIRTHPLACE (city or town) Name of operation ... (State or country) Whet test confirmed diegnosis?_____ Wes there an autopsy?____ HER 15. MAIDEN NAME 23. If deeth wes due to externel causes (VIOLENCE) fill in also the following: MOT Accident, suicide, or homicide?______ Date of injury______, 19_____ 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?__. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANTA (Address) 18. BURIAL, CREMATION, OR REMOVAL Menner of injury __ Date Neture of Injury____ 24. Was disease or injury in eny way releted to occupation of deceased?_ 19. UNDERTAKER A (Address) if so, specify 20. FILED >

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address)

Registrar.

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis MIN 4 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

~	infor-	state	UPA-
)	of	plu	CC
	item	sho	of (
•	-WRITE PLAN, Y, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
	RE	Υ.	Ex
MAKGIN RESERVED FOR BINDING	RMANENT	XACTL	classified.
FOR B	IS A PE	stated E	properly
E C	HIIS	he	be
SERV	NK-T	plnous	it may
N KE	ING I	AGE	so that
MAKGI	UNFAD	supplied.	terms,
-	WITH	efully a	in plair
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	PLA	onld be	F DEA
1)E	she	E 0
	-WRI	mation	CAUS

See instructions on back of certificate.

TION is very important.

V. S. No. 1 ä

STATE OF MARYLAN	ID—CERTIFICATE OF DEATH 5405
1. PLACE OF DEATH	82.00
County St morrs	Registration Dist. No. 280
Village or City Color oruses	No. St., Ward (If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,	th death occurred in a normal or institution, give its INAIVIE, instead of street and number) mosds. How long in U.S. if of foreign birth?yrsmos,ds.
2. FULL NAME South Quice (a) Residence: No. Que of (Usual place of abode)	Bowen Ward.
PERSONAL AND STATISTICAL PARTICULAR	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDO	
Fecale Ore OR DIVORCED (write the	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attanded deceased from
6 DATE OF BIRTH (month day and year) Canail 25, 184	mog 5 ,1986, 10 moz 9 ,1936
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LES:	I last saw har alive on , 19 34; death is sald
87 - 15 1 day,	hrs. The PRINCIPAL CAUSE OF DEATH and calated causes of importance
9 Trade profession or positivity	Voroligie. Ceretical Date of onset
SAW MILL, BANK, atc.	Newspay
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Red Yoli	Other Cantributory Causes of Importance:
(State pr country) mil	
14. BIRTHPLACE (city or town) Ra Green	· e
[14. BIRTHPLACE (city or town) Call Area (State or country)	Name of oparation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Malile Walks 16. BIRTHPLACE (city or town) & Query Character (State or country)	23. If death was dua to axtarnal causes (VIOLENCE) fill in also tha following:
O 16. BIRTHPLACE (city or town)	Accidant, suicide, or homicide? Date of Injury, 19
17. INFORMANT Proles & Borres	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) / 3/6 M. March ST. 18. BURIAL, CREMATION, OR REMOVAL	w/
2.00	Manner of Injury
19. UNDERTAKER Thomas Atomis	Nature of injury
20. FILED May 10, 1936 Q. Kny M. D.	If so, spacify (Signed) J Curey M. D.
Regi	istrar. (Addrass) Luge mel

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example 1	li li	Example 11	
The principal cause of death and related ca of importance were as follows: CEIV	uses Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis HIM 2 10	30 1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V	. S.		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
Market Company of the			

If more blanks tre needed, address State Registrar, 24

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Examp	le I		Example II	77 1-1
The principal cause of death ar of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis DEC	EIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	N 4 1938	July 5, 1927	Peritonitis	3 days ago
BUR	EAN V. S.			
Other contributory causes of in	nportance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				

WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-PHYSICIANS should state Exact statement stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED AGE should be mation should be carefully supplied. -WRITE PLA

V. S. No. 1 N. B. of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 54117
1. PLACE OF DEATH	(108)
· County Ot. Macys	Registration Dist. No.
Village or City Could down	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred 4 yrs	A. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME / Busaum Hams (Samalier
(a) Residence: No. Alonaedtown	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, ORD DIVORCED (write the word)	21. DATE OF DEATH May 2, 193 6 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Chellie R Jacques	22. HEREBY CERTLEY, That I attended decessed from 24 , 1936, to Clear, 2 , 1936
6. DATE OF BIRTH (month, day, and year) Alft. 16, 1849	I lest saw h
7. AGE Years Months Days If LESS than 1 dayhrs.	to have occurred on the date stated above, at 1.40 Am.
86 / Ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Oete of onset
8: Trade, profession, or particular kind of work done, as SPINNER August 18- Relief	Jahar America. 4/a/2
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	(1,7,108)
10. Date deceased last worked at this occupetion (month and year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) 211	Dther Contributory Causes of Importence:
(State or country)	Hererley
13. NAME DO. C. Carrales	
4 14. BIRTHPLACE (city or town) (State or country)	Neme of operation Date of Was there an autopsy? LILO
15. MAIDEN NAME Mary Marline	23. If deeth was due to external ceuses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) 221 d	Accident, sulcide, or homicide? Date of injury, 19
17. INFORMANT A Vand! a. Bayeracen	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OR REMOVAL	Mannar of Inlum
Plant Illy Deces Datollag 5 , 1936	Manner of injury
19. UNDERTAKER WY 6. Mattig	24. Was disease or injury in any way related to occupation of deceased?
20, FILED 5/4 , 1936 Con Registrar.	(Signed Paul a. Commeleum D. (Address) Commeleum D.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	T. Charles	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis RITERITY S	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

Exact statement of OCCUPA-

properly classified.

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	BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-
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V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

STATE OF MARYLAND—	CERTIFICATE OF DEATH 5408
1. PLACE OF DEATH	(21)
County Mary	Registration Dist. No. 25
Village or City Bush hortle	NoSt., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mellie Marie Gonal	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Manual	21. DATE OF DEATH May 8 1936 (Month) (Dey) (Year)
5a. If married, wildowed, or divorced HUSBAND of (or) WIFE of Armas Gough	22. HEREBY CERTIFY, That I attended deceased from 19.10, to Man 18., 1936
6. DATE OF BIRTH (month, dey, and year) Sept 13,1918	I last saw ham alive on May 15, 1936; death is said
7. AGE Years Months Days If LESS than	to heve occurred on the date steted ebove, et J. Fm.
17 8 3 1 dey,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of Importence were as follows:
8. Trede, profession, or particuler kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	Pulmonan Tuberenlosis la 186
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
11. Total time (years) spant in this year)	
12. BIRTHPLACE (city or town) This de phia (Stete or country)	Other Contributory Causes of importance:
13. NAME Gras Burnley	
13. NAME Grant Burnley 14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country) Viguria	What test confirmed diegnosis? Wes there an autopsy?_ &
15. MAIDEN NAME Masy he Lee	23. If death was due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Mary M. Le 16. BIRTHPLACE (city or town) Bere hould (Stete or country) Ma	Accident, suicide, or homicide? Dete of injury, 19
17. INFORMANT Many L. Burnley (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PIECE ST Determination Complete Mass 20, 1936	Manner of Injury
0 1 1 3 2	Nature of Injury
(Address) Hameron Md	24. Wes disease or injury in any wey releted to occupation of deceased?
20. FILED May 18, 1936 AND Men Int	(Signed) M.D. (Address) Beat Mills M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related can of importance were as follows: Arteriosclerosis		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1991	Run over by street car	1 week ago
Cerebral hemorrhage	July 5 1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	23
County A Mary	Registration Dist. No. 28
Village or City. Le sollaways	No. St. Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred	
2. FULL NAME Jag May Barber gr	uenwell x
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Massied	21. DATE OF DEATH 24 193 (Yeer)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Thomas yourwell	22. I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, end year) Thay 5= 1907	I last sew her alive on doe 25 , 1936; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 530 km.
29 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
1 8 Trade profession or particular	Rulmon any Tuberculous Dec 25
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month end year) - 11. Total time (years) spent in this occupation occupation occupation	Y
12. BIRTHPLACE (city or town) Pally Lee . Md. (State or country)	Other Contributory Causes of importance: Mak guntation and food
1 B 1 Notice Colon Colon	Susoundings
14. BIRTHPLACE (city or town) Trailing Let 14. Dk.	Neme of operation
(State or country) maryland.	What test confirmed diagnosis? Physical Econowas there en eutopsy? 100
15. MAIDEN NAME Sophia Barbar	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Johnson Burton 16. BIRTHPLACE (city or town) Fract. Miles	Accident, suicide, or homicide? Date of injury, 19
(State or country) Hayland,	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT A FACTOR OF CONTROL OF THE CONTROL OF	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Fre Cat Missa Date May 13, 1936	Nature of injury
19. UNDERTAKER Clement Mattingly (Address)	24. Was disease or injury in eny way related to occupation of deceased? The lift so, specify the support of the specific of th
120 21 21 21 10	(Signed) Brown C. A. M. D.
20. FILED 1 long 24, 1926 Aff Sen Registrar.	(Address) Lenoardform. Med.

CEDTICICATE OF DEATH

CTATE OF MADVI AND

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employec," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	İ	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis •	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

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MARGIN RESERVED FOR BINDING	V	mation should be carefully supplied. AGE should be stated EXACTL'	ope
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V. S. No. 1	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT	(CAUSE OF DEATH in plain terms, so that it may be properly classified.
Dec.	-	-	-

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND-	CERTIFICATE OF DEATH 5410	
1. PLACE OF DEATH	92-0	
County of Thank	Registration Dist. No. 28 Y	
Village or Citypuan Leonardown Mil	No	Ward
Length of residence in city or town where death occurredyrsmo	sds. How long in U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME Sanction alexander	Figgs +	
(a) Residence: No. Ozean Levelandlow	St. Ward.	
(Usual place of abode)	If nonresident give city or town and Sta	ite
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Support	21. DATE OF DEATH (Month) (Day)	93 (
5a. If married, widowad, or divorced HUSBAND of (or) WHEE of Ellen Bay Brown	22. I HEREBY CERTIFY. That i attended dec	eased from
6. DATE OF BIRTH (month, day, and year) 200-25 - 1857	5 2 10 1 21	deeth is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 46 m.	
79 5 12 1 day,hrs.	THE PRINCIPAL CAUSE OF DEATH and related Gauses of Importance	
8 Trade profession or particular		Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	antic Stenoris Vonnefacing	600-
9. Industry or business in which		. C. P. Carrie
work was done, es SILK MILL, SAW MILL, BANK, etc.		
10. Date deceased lest worked at this occupation (month at year) year) 11. Total time (years) spent in this occupation 42		
ST To and had	Other Coutributory Causes of importance:	
12. BIRTHPLACE (city or town)	Dr. mall fr	1
13. NAME Celesardes Higgs	- State of the sta	
E	Name of acception	
(State or country)	Name of operation	
15. MAIDEN NAME Plysille Booth	What test confirmed diagnosis?	psy:
The state of the s	Accident, suicide, or homicide? Date of injury	10
16. BIRTHPLACE (city or town) (State or country) (State or country)	Where did injury occur?	., 17
A C Alia	(Specify city or town, county and State)	
17. INFORMANT ACCOUNTY TO THE LAND TO THE	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	ž.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Ason Lally Chaffefile May 16-7, 1936	Nature of injury	
19. UNDERTAKER DO ON le SMATTINGLEY	24. Was disease or injury in any way related to occupation of deceesad?	v
(Address) Jerseighton May	if so, specify	
20. FILED 14 , 1936 Oaccaled Registrar.	(Signed) (Address) Assaulteur Ma	M. D.
Registrat.	(Audiess)	4

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

.. 3

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Chronic interstitial nephritis PALL V S	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

certificate

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OF DEATH

CAUSE mation

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ar.	STATE OF MARYLAND—CERT	IFICATE OF DE	HTA
sta and and and and and and and and and an	1. PLACE OF DEATH	92:00	X
ould occould	Village or City Mas Leonardsown Shop		ion Dist. No

PERSONAL AND STATISTICAL PARTICULARS

Registration Dist. No.
on, give its NAME instead of street and number)
on, give its NAME instead of street and number)
foreign blrth?yrsmosds.

	and the following in the or town where	acati occapion
2	FULL NAME Allie	l'Efizabet Johnson
	(a) Residence: No.	Le Ancard Down Ford Ward.

(Usual place of abode)

If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH

Single whole or hold or bivorce (with word)	(Month) 234 , 193 (Month) (Day) 17 (Yéar)
Husband of Corp. Wilder of Stell 24 Achieved	22. HEREBYCERTIFY That I attended deceased from 1936, to Mary 23 -, 193
DATE OF BIRTH (month, day, end year) AGE Years Months Days If LESS than	I last sew h. A. elive on

1 dayhrs.

8. Trade, putession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.....

9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.....

Length of regidence in city or town

10. Date deceased last worked at this occupation (month end

11. Total time (years)
spent in this occupation_

12. BIRTHPLACE (city or tow (State or country)

FATHER 13. NAME

14. BIRTHPLACE (city or town) (State or country MOTHER 15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country

17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVE

19. UNDERTAKER (Address)

Registrar.

The PRINCIPAL CAUSE Oate of onsat

Name of operation. What test confirmed diagnosis?_____ Was there an autopsy?

23. If death was due to externel causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Date of Injury______ 19 Where did injury occur?

(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Neture of injury 24. Wes diseese or injury In any way related to occupetion of deceased?

If so, specify

Manner of Injury

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis JUN 4 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	- Armond	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

(1)	tem of infor-	should state	of OCCUPA-	
	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
MAKGIN KESEKVED FOR BINDING	A PERMANENT	ated EXACTL1	operly classified.	tificate.
SKVED F	K-THIS IS	hould be st	may be pr	back of cer
GIN KEN	FADING IN	ied. AGE s	ns, so that it	structions on
MAR	, WITH UN	refully suppl	l in plain terr	tant. See in
	TE PLAINLY	should be ca	E OF DEATH	TION is very important. See instructions on back of certificate.
1	-WRIT	mation	CAUSI	MOIL

V. S. No. 1 N. B.-

STATE OF MARYLAND	CERTIFICATE OF DEATH 54	12
1. PLACE OF DEATH	(57.5) X	
County St Marys	Registration Dist. No. 241	,
Village or City Hollywool	No. St.	Ward
- 0	f death occurred in a hospital or institution, give its NAME instead of street and	number)
Length of residence in city or town where death occurredyrs	s/ds. How long in U.S. if of foreign birth?yrsm	osds.
2. FULL NAME agnes Marie Magie	X 1000	
(a) Residence: No.	St.,Ward.	10
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and	State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
OR DIVORCED (write the word)	May 6	. 193 6
5a. If married, widowed, or divorced	(Month) (Oay)	(Year)
HUSBANO of (or) WIFE of	22. HER/EBY CERTIFY, That I attended	deceased from
(SI) WILL SI	april 15, 136, 10 May 6	, 1936
6. DATE OF BIRTH (month, day, and year) July 29, 1935	I last saw ten aliva on	_; death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at 3.Am.	
9 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Oate of enset
8. Trade, profession, or particular		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc	- Cente Pronehitis	4/15/26
MOIN MAS DOILE, AS SIEN MILL,		
SAW MILL, BANK, etc 10. Date daceased last worked at this occupation (month and year)		
h. 00	Other Contributory Causes of Importance:	who has
12. BIRTHPLACE (city or town)	mymmal Man de de	1/9/13
13. NAME Negative	- Mardes Mules	-0130/25
E III	No. of a state of the state of	
4. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What tast confirmed diagnosis? Was there an	
15. MAIDEN NAME Man Itill	23. If death was due to external causes (VIOL ENCE) fill In also the following	
15. MAIOEN NAME Marie Well 16. BIRTHPLACE (city or town) Holly was a country)	Accident, suicide, or homicide? Oate of Injury	
O 16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?	
17. INFORMANT Marie H Mager (Address) Holling	(Specify city or town, county and Sta Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PL	ie) .ACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury	
Place It Johna Cernstery Oute May 7 , 1936	- Nature of injury	
in marray laha m. tt.	24. Was disaase or injury in any way ralated to occupation of deceased?	
19. UNOERTAKER 40 Millingling (Addrass) Hallingling	If so, specify	
20. FILEO May 6 , 1936 By Byon from	(Signad) Agent Mills hed	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	1	Example II	
The principal cause of death and related causes of importance were as follows: CEIVEI	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

infor-	state	UPA-	(
Jo m	plnoy	220	1
ite	20	of	
JRD. Every	IYSICIANS	statement	
REC	Y. PI	Exact	
B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	
IS A PE	stated E	properly	TION is very important. See instructions on back of certificate.
HIS	be	be	of
NK-T	should	it may	on back
DING	AGE	so that	ctions
UNFA	supplied.	terms,	ee instru
C, WITH	arefully	I in plain	rtant. S.
AINES	d be c	DEATH	impo
E PL	shoule	E OF 1	is very
B.—WRIT	mation	CAUSI	TION
	1.	8	1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93:0
County De glillings	Registration Dist. No. 28 8
Village or City O. W. W. W. G.	No. St., Ward
Length of residence in effly or town where death occurred 27 yrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME SAMES MOMAS ROMENS	elle If U. S. Veteran, specify WAR
(a) Residence: No. A MASSAM SSI	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORGED (write the word)	21. DATE OF DEATH (Month) (Day) (Veer)
5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of HUMANALLA SWIMMANLE	22. I HEREBY CERTIFY, That I attended deceased from
6. OATE OF BIRTH (month, day, end years HUM. 1H - 1929	I lest sew alive on AMMA 19 1, to the said
7. AGE Yeers Months Oays ft LESS than 1 dey, hrs.	to have occurred on the date steted above, atm. The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
Trade, profession, or particular kind of work done, as SPINNER, Hammer SAWYER, BOOKKEEPER, etc.	Patronio Muso andula 4
Industry or business In which work was done, as SILK MILL, SAW MtLL, BANK, etc.	9 Myo Cardias algeniation
O date deceesed last worked at this occupation (month end part) spent in this occupation occupation	
12. BIRTHPLACE (city or town) Community (State or pountry)	Other Contributory Causes of Importance:
13. NAME AND MINIMAN DIMINALLE 14. BIRTHPLACE (city or town) A CANALLES A.	
(State of county)	Name of operation
15. MAIDEN NAME / SUCCEDA DIMEN	23. If deeth wes due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME / SURSEA DATE OF TOWN) PORT OF THE PROPERTY OF TOWN OF THE PROPERTY OF TOWN OF THE PROPERTY OF	Accident, suicide, or homicide?Oate of Injury19
2 (State or country) 17. INFORMANT MANAGEMENT OF THE STATE OF THE STA	Where did Injury occur?
18. BURTAL, CREMATION OR REMOVAL Place Date MAY 22 , 1936.	Manner of Injury
19. UNDERTAKER - EOMMAN M. M. MANGELLE	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED 2/ QUI, 1936 X:10 JAMMAN Registrar.	(Signed) M. O. (Address) M. O.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Balsimore, Requesting U.S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis UIII 4 2000	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BURFAU V. S	July 5,1927	Peritonitis	3 days ago
The second secon			
Other contributory causes of importance:		Other contributory causes of importance:	1-44-
Gallstones ·	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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	r RECOLD. Every item of infor-	Y. PHYSICIANS should state	Exact statement of OCCUPA-	
FOR DINDING	IS A PERMANENT	stated EXACTL	properly classified.	certificate.
MANGIN NESERVED FOR BINDING	RITE PLAINCY, WITH UNFADING INK-THIS IS A PERMANENT RECOMD. Every item of infor-	tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	USE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-)N is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 5414
1. PLACE OF DEATH?	(26)
County Of Many	Registration Dist. No.
Village or City Pallel Light (1)	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Tryne I stocka Karlo	5 PO, 0
(a) Residence: No. Lally Lee	St., Ward. 16-6 Z
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH May 3
5e. If married, widowed, or divorced	(Month) ((Day) (Year)
HUSBAND of Cor WIFE of Robert Taylor	22. HEREBY CERTIFY, That I attended deceased from
DAXN DA	19 to 11 ay 3 , 19 3 6
6. DATE OF BIRTH (month, day, and year)	I last saw hand, elive on
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, ASWYER, BOOKKEPER, etc.	Turn var (week)
9. Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc.	
Date deceased last worked at this occupation (month and spent in this	
year) occupation Marsh	Other Contributery Causes of importance
12. BIRTHPLACE (city or town)	ayl about
(State or country)	
13. NAME JOSEPH JOOK 14. BIRTHPLACE (city or town) Therefore Construction of the Cons	f ff
4 14. BIRTHPLACE (city or town) (State or country)	Name of operation All Essay Market Se Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy? It
15. MAIDEN NAME Hay Lake	23. If death wes due to external causes (VIOLENCE) fill In also the following:
O 16. BIRTHPLACE (city or town) (Stete or equnity)	Accident, suicide, or homicide?
Mit The Contract of the Contra	Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, of in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manner of Injury
Place of Date Hay 6,1936	Nature of Injury
19. UNDERTAKER OF Malices	24. Was disease or injury in eny way retated to occupation of deceased?
(Address) (Le reactor)	If so, specify
20. FILED 5/5 19 86 Caecely	(Signed) (Signed) M.D.
Registrar.	(Address) Lancardtonn
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonilis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance: